

THE SOURCE

A Message from Scot Adams

I'd like to thank everyone who participated in the Five-Star Metric Employee Satisfaction survey last December. Preliminary review of the survey showed that:

- You care about your co-workers
- You believe the work you do makes a difference
- Communication isn't as good as it could be
- Genuine feedback and thanks for a job well done aren't happening as frequently as you would like.

Many of you also said you hoped this survey wouldn't be "put on a shelf" and forgotten.

CEO Kerry Winterer is listening to what employees said, particularly about increasing communications to employees.

One of the most visible responses to the survey is the newly-revitalized Employee Homepage website at <http://www2.dhhs.ne.gov/>. Take a minute to check it out. Post something on the employee bulletin board, look at the videos and pictures that are "In the Box," and check out the "Neat to Know" section.

Another direct result of the survey is the comprehensive look that Bill Gibson and

his leadership team are taking regarding Regional Center employees' responses. Bill will be sharing information with you on that over the next few months.

I'll be doing some additional employee surveys this summer using Survey Monkey, a free online survey software and questionnaire tool. Please take the time to respond if you get a survey. I'll read your comments and use them to find better ways to communicate with you.



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The Norfolk Regional Center is a progressive system of innovative adult services that promotes rehabilitation, education, research, and consultation to maximize the quality of life ...

*Working Together,
Giving Our Best,
Making a Positive
Difference*

Please Welcome NRC's New Employee



Faith Weaver, MHSS II

What's Cooking at NRC

MILE-HIGH ENCHILADA PIE



8 (6-inch) corn tortillas

12 oz. salsa

15 1/2 oz. can kidney beans, rinsed and drained (can also use re-fried beans)

1 c. shredded cooked chicken (or pork or hamburger)

1 c. shredded Monterey Jack cheese with jalapeño peppers

Prepare foil handles for slower cooker *, place in slow cooker. Place 1 tortilla on bottom of slow cooker. Top with small amount of salsa, beans, chicken and cheese. Continue layering using remaining ingredients, ending with tortilla and cheese.

Cover, cook on LOW 6-8 hours or on HIGH 3-4 hours. Pull out by foil handles. Garnish with fresh cilantro and slice of red pepper, if desired. Top with sour cream, salsa and extra shredded cheese.

**To make foil handles, tear off 18x2-inch strips of heavy foil or use regular foil folded to double thickness. Crisscross foil strips in spoke design and place in slow cooker to make lifting of tortilla stack easier.*

(Submitted by TyLynne Bauer, and from one busy mom to another, she challenges TiAnne Morse to submit a recipe for the next issue of *The Source*.)

Kudos to NRC Nursing and Security Staff

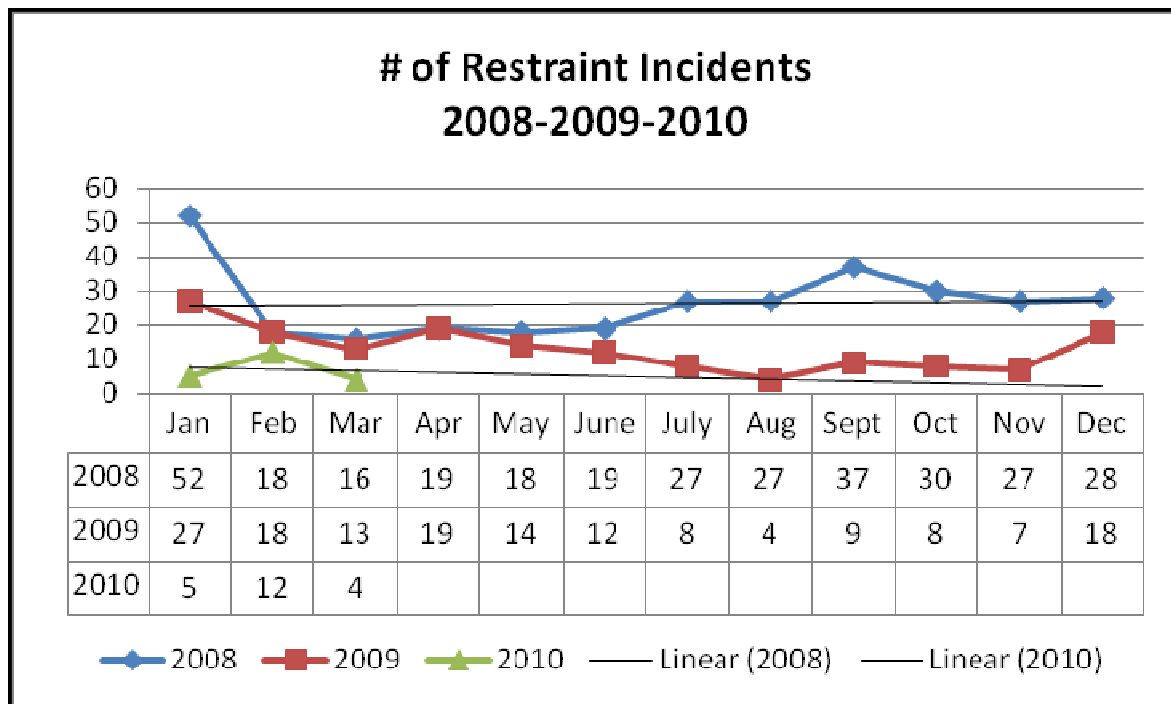
Submitted by TiAnne Morse, Quality Assurance Coordinator

Restraint is a last-choice intervention to manage behavior when there is imminent risk of harm to patient and others. Over the course of the past several years, NRC has been committed to the use of the least restrictive measures necessary to provide effective treatment and preserve an environment that minimizes the potential of patient and/or staff injury. NRC has accomplished this through policy and procedures, implementation of Mandt, changing of our clientele and the working efforts of our Nursing and Security staff.

Leadership reviews bi-weekly medication incidents, restraint/seclusion, abuse/neglect, behavioral and client safety incidents, client-related employee incidents and employee injuries. During this week's bi-weekly report, I was excited to report that during the first quarter of 2010, 81% of our restraint incidents were a physical hold and only 19% mechanical restraints. As you can see from the graph below, NRC restraint use started decreasing in June 2009, and our number of restraint incidents continues to remain low. Does that mean all is well with our

patients? No, NRC continues to have behavioral incidents of patient aggression, verbal conflicts, and self-abuse. However, many of those incidents do not result in any type of restraint or seclusion but are handled by the positive support of our staff and the therapeutic milieu.

The numbers below are reflective of the great work **YOU** are doing in decreasing the use of mechanical restraints and for using the least restrictive restraint when deemed necessary. NRC Leadership says, "GREAT JOB!"



NRC Environmental Service Department PI Project

Submitted by TiAnne Morse, Quality Assurance Coordinator



Per OSHA standard 1910.1200(b)(4)(ii) Employers shall maintain copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous chemicals, shall obtain a material safety data sheet as soon as possible for sealed containers of hazardous chemicals received without a material safety data sheet if an em-

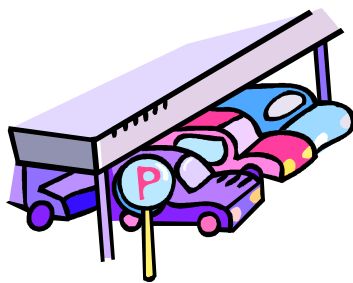
ployee requests the material safety data sheet, and shall ensure that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s).

In 2010, the Environmental Service (EVS) Department is monitoring and ensuring that MSDS sheets are available for all chemicals located in this facility. KUDOS to the Dietary department for being at 100%

compliance and ensuring an MSDS sheet is available for all products located in their area.

As a reminder, if you bring products into this facility, it is your responsibility to forward an MSDS sheet to the Quality Assurance Coordinator or an Environmental Services staff member. We will ensure that it is placed in the MSDS folder on the "S" drive and in the manual located in room 219.

Parking Lot Lottery



Winners for the month of June are:

1. Donna Baumann
2. Roz Erb
3. Leann Weich
4. Greg Sterner
5. Bonnie Legate

June Birthdays

- 1 - Sandra Bogue
Karen Hitz
- 3 - Mark Craft
- 5 - Bobbi Schulz
- 6 - John Kroll
- 11 - Harriet Coble
- 13 - Donna Baumann
Monica Schomaker
- 16 - Darlene Ave
- 18 - Christine Dinslage
- 22 - William Block
- 23 - Hollie Frye
- 24 - Kristine Boe-Simmons
Karen Bressler
Cynthia Krause
- 25 - Donald Brandenburg
- 27 - Luann Kathol



June Anniversaries

- 1 - Luann Kathol (29 years)
Dale Clark (23 years)
Penny Clausen (23 years)
Melodie Nielsen (12 years)
Stacey Sommerfeld (6 years)
- 4 - Margaret Hipp (30 years)
- 6 - Sue Bain (9 years)
- 7 - John Kroll (34 years)
Patrick Weich (28 years)
- 11 - Myron Wagner (31 years)
Marilyn Blunck (26 years)
Diane Hassler (21 years)
- 13 - Gregory Sterner (25 years)
- 14 - Linda Hansen (34 years)
Janice Oswald (11 years)
- 15 - Denise Uhing (12 years)
- 16 - Susan Kohlhof (25 years)
- 17 - Patricia Brand (31 years)
- 18 - Kristine Boe-Simmons (27 years)
Patricia Leise (26 years)
Monica Schomaker (9 years)
- 26 - Karen Bressler (7 years)
- 28 - Kevin Anderson (6 years)
- 29 - Mary Andersen (26 years)

***"Never look down on anybody unless
you're helping him up."***

- Jesse Jackson

Findings of H1N1 Experience

Submitted by Joy Wieseler, RN, Infection Control Nurse Coordinator

I want to send a big "THANK YOU" to everyone that helped in any way with NRC's experiences in dealing with the H1N1 issues we met with last winter.

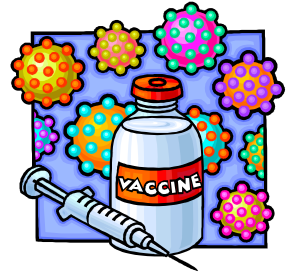
I have recently attended a workshop and a symposium on the issue and have to praise all of you who were involved — even those who just agreed to receive the vaccine. As soon as word was received from the Centers for Disease Control and Prevention (CDC) regarding

what they believed was headed our way, our hospital adopted a plan of action immediately, and forward we all went. NRC was far ahead of Omaha and Lincoln in implementing the screening process and getting the vaccinations to everyone as quickly as we received them.

What I have heard at these workshops regarding the advice and guidance given to people for dealing with the H1N1 virus, NRC had already been

there and done that. Every single person I came in

contact with during this experience was nothing but helpful and willing to do whatever was necessary. **YOU ALL get kudos** for this one, and every bit is deserved. "NRC working together" — no truer words were ever spoken. Again, thank you all.



Nutrition Nuggets

Submitted by Julie Beutler, Associate Director of Nursing

- One medium carrot has 340% of your daily vitamin A. Wheat flour has 470% more fiber than white flour.
- Frozen peas have up to 4 times as much vitamin C as canned peas.
- Organic wine averages a third more antioxidants than conventional wine.
- A typical serving of potatoes has nearly 5 times as many antioxidants as a typi-



- cal serving of broccoli.
- Your blood sugar rises 39% less if you toast your white bread.
- Women who take a forward-thinking approach to food and cooking (that means they try new recipes, plan meals, and shop with a list) have a higher intake of vegetables.
- Frozen produce often has higher nutrient density



- than fresh. But a study in the *Journal of the Science of Food and Agriculture* found that for some vegetables canning degraded as much as 95% of the vitamin C and damaged every B vitamin in the food.
- People who eat more than two servings of vegetables a day have a 40% slower rate of cognitive decline than those who eat one serving or less.



Flag Day — June 14th



Today, millions of Americans observe Flag Day by waving Old Glory outside their homes and businesses. Veterans' groups and sometimes whole communities also arrange civic functions and special ceremonies in honor of Flag Day.

As the legend goes, it was George Washington and two other members of the Continental Congress who asked Betsy Ross to sew the first American flag sometime in the late spring of 1776. The young widow was only in her early 20s when she completed the first flag with thirteen stars arranged in a circle.

A year later, the Continental Congress officially adopted the design for the national flag, and henceforward the Stars and Stripes symbolized the U.S. around the world.

Why red, white and blue? To the original members of the Continental Congress, red stood for hardiness and courage, white for purity and inno-

cence, and blue for vigilance and justice.

Why thirteen stars and stripes? They represented the thirteen American colonies which rallied around the new flag in their fight against the British for self-governance. The thirteen colonies included Connecticut, Delaware, Georgia, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, South Carolina, Pennsylvania, Rhode Island and Virginia. To this day, thirteen stripes still commemorate the original colonies.

Flag Etiquette

Displaying the Flag Outdoors

When the flag is displayed from a staff projecting from a window, balcony, or a building, the union (stars) should be at the peak of the staff unless the flag is at half staff.

When it is displayed from the same flagpole with another flag — of a state, community, society or Scout unit — the U.S. flag must always be at the top, except that the church pennant may be flown above the flag during church services for Navy personnel when conducted by a Naval chaplain on a ship at sea.

When the flag is displayed over a street, it should be hung vertically, with the union to the north or east. If the flag is suspended over a sidewalk, the flag's union should be farthest from the building.

- When flown with flags of states, communities, or societies on separate flag poles which are of the same height and in a straight line, the U.S. flag is always placed in the position of honor — to its own right.
- The other flags may be smaller but none may be larger.
- No other flag ever should be placed above it.
- The U.S. flag is always the first flag raised and the last to be lowered.

When flown with the national banner of other countries, each flag must be displayed from a separate pole of the same height. Each flag should be the same size. They should be raised and lowered simultaneously. The flag of one nation may not be displayed above that of another nation.

Raising and Lowering the Flag

The flag should be raised briskly and lowered slowly and ceremoniously. Ordinarily it

Flag Day — June 14th (cont.)

should be displayed only between sunrise and sunset. It should be illuminated if displayed at night.

The U.S. flag is saluted as it is hoisted and lowered. The salute is held until the flag is un-snapped from the halyard or through the last note of music, whichever is the longest.

Displaying the Flag Indoors

When on display, the flag is accorded the place of honor, always positioned to its own right. Place it to the right of the speaker or staging area or sanctuary. Other flags should be to the left.

The U.S. flag should be at the center and at the highest point of the group when a number of flags of states, localities, or societies are grouped for display.

When one flag is used with the U.S. flag and the staffs are crossed, the U.S. flag is placed on its own right with its staff in front of the other flag.

When displaying the flag against a wall, vertically or horizontally, the flag's union should be at the top, to the flag's own right, and to the observer's left.

Parading and Saluting the Flag

When carried in a procession,

the flag should be to the right of the marchers. When other flags are carried, the U.S. flag may be centered in front of the others or carried to their right. When the flag passes in a procession, or when it is hoisted or lowered, all should face the flag and salute.

The Salute

To salute, all persons come to attention. Those in uniform give the appropriate formal salute. Citizens not in uniform salute by placing their right hand over the heart and men with head cover should remove it and hold it to left shoulder, hand over the heart. Members of organizations in formation salute upon command of the person in charge.

The Pledge of Allegiance and National Anthem

The pledge of allegiance should be rendered by standing at attention, facing the flag, and saluting.

When the national anthem is played or sung, citizens should stand at attention and salute at the first note and hold the salute through the last note. The salute is directed to the flag, if displayed, otherwise to the music.

The Flag in Mourning

To place the flag at half staff, hoist it to the peak for an instant and lower it to a position half way between the top and bottom of the staff. The flag is to be raised again to the peak for a moment before it is lowered. On Memorial Day, the flag is displayed at half staff until noon and at full staff from noon to sunset.

The flag is to be flown at half staff in mourning for designated, principal government leaders and upon presidential or gubernatorial order.

When used to cover a casket, the flag should be placed with the union at the head and over the left shoulder. It should not be lowered into the grave.

Easy Red, White and Blue Bundt Cake

Start with your favorite Bundt cake recipe and make a "fireworks" burst by dribbling basic frosted icing down the sides. Fill up the center with strawberries and blueberries.



Myths & Facts ... About Organ Donation

Submitted by Julie Beutler, Associate Director of Nursing

MYTH: A patient with a history of chronic illness can't donate organs.

FACT: The patient's suitability as a donor is determined at the time of death. Very few medical conditions automatically disqualify a patient from donating organs. Clinicians from the donor program review the patient's medical and social histories with the donor's family and determine if the donor is medically suitable.

MYTH: Some people are too old to be organ donors.

FACT: Age limits no longer exist for organ donation. Clinicians determine donor suitability on a case-by-case basis at the time of death. Organs have been successfully transplanted from donors in their 70s and 80s.

MYTH: Organs can easily be matched to patients of different racial and ethnic backgrounds.

FACT: Although patients in need of an organ transplant may match a donor from another racial or ethnic background, a transplant is more

likely to succeed if the donor and patient are from the same racial or ethnic group.

MYTH: Some religions don't approve of organ donation.

FACT: All major organized religions support organ donation or leave it to individual choice.



MYTH: The donor's family pays for organ recovery.

FACT: All costs of organ donation are paid by the organ and tissue donor program. The donor's family or estate bears none of the expense.

MYTH: A patient without cardiopulmonary function can't donate organs or tissue.

FACT: Although organ donation from brain-dead patients is the most common and preferred donation method, controlled donation after cardiac death is an option for patients whose hearts have stopped beating and who have been declared dead according to traditional cardiopulmonary standards. Thanks to advances in tissue preservation techniques, viable organs can be retrieved from these patients.

Other tissue, such as skin, bone, veins, cartilage, heart valves, and corneas, may be donated even if cardiopulmonary function has ceased.

MYTH: If an adult hasn't made a decision about organ donation, only her spouse or adult child can legally consent to organ donation.

FACT: Under the Uniform Anatomical Gift Act adopted by all 50 states and the District of Columbia, family members can consent to organ donation for a deceased adult. These family members are, in order of priority, spouse, adult child, parent, adult sibling, grandparent, and legal guardian.

RESOURCES

Donate Life America. <http://www.donatelifelife.net>.

Gift of Life donor program. <http://www.donors1.org>.

Linde E. Speaking up for organ donors. *Nursing*. 2009;39(1):28-31.

Mayo Clinic. <http://www.mayoclinic.com/health/organ-donation/FL00077>.

President's Council on Bioethics. *Controversies in the Determination of Death*. December 2008. http://www.bioethics.gov/reports/death/determination_of_death_report.pdf.

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The Source is an employee newsletter written by the employees and published monthly for the employees within the Norfolk Regional Center. Articles and ideas for publication are always welcome and can be forwarded to any member of the Editorial Board.

It is the policy of the Editorial Board to attempt to print any article that does not attack another person. The Editorial Board reserves the right to edit articles for size and content. Articles sent to the Editorial Board must be signed, but the writer may request to have their name withheld. Please contact us with submissions for the next edition, and with your comments on the newsletter!

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Baseball Caps and Flip Flops: Risky?

Submitted by Julie Beutler, Associate Director of Nursing

These popular summer caps and shoes leave the tips of the ears and the tops of the feet exposed to the sun's rays, raising the risk of skin cancer. What's more, people using sunscreen frequently overlook those parts of their bodies, leaving ears and feet even more vulnerable to sun damage.



The most common cancer type, skin cancer accounts for about

half of all cancers in the United States, according to the American Cancer Society. Most are considered sun-related. Teach your patients to:

- Use a sunscreen with an SPF of 15 or more daily. Use a higher SPF at higher elevations.
- Wear protective clothing, including wide-brim hats and footwear that covers the top of the feet when outdoors.

- Stay out of the sun at mid-day (10 a.m. to 3 p.m.).



- Avoid sunbathing and tanning salons.

RESOURCE

How flip flops, baseball caps can raise your skin cancer risk. Loyola Medicine. May 20, 2009; http://www.loyolamedicine.org/news/news_releases/.

Source: Nursing 2009.com